



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E297852**

| | | |
|---|--------------------------------------|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

| | |
|---------------------|---------|
| CASE # | 14-0040 |
| LOCAL AGENCY CODING | |
| TOTAL # OF UNITS | 01 |
| OBJECT STRUCK | |

| | | | | | | | | | | | | | | | |
|-------------------|----------------|-------------|------|----------|----|-------|--|---|--------------------------|---|--------------------------|----|-------------------------------------|----|------|
| DATE OF COLLISION | 01 - 04 - 2014 | TIME (2400) | 2046 | COUNTY # | 31 | MILES | | N | <input type="checkbox"/> | E | <input type="checkbox"/> | IN | <input checked="" type="checkbox"/> | OF | 0664 |
|-------------------|----------------|-------------|------|----------|----|-------|--|---|--------------------------|---|--------------------------|----|-------------------------------------|----|------|

| | | |
|--------------------------|---|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> |
| STATE ROUTE 9 | BLOCK NO. <input checked="" type="checkbox"/> | 400 |
| MILE POST | | |
| DISTANCE | | OF (REFERENCE OR CROSS STREET) |
| MILES | | |
| FEET | | |

| | | | | | | | |
|---------|---|--------------------------------------|----------------------|---|-----------------------------|-------|---------------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | PHONE | D: 4253447580 |
|---------|---|--------------------------------------|----------------------|---|-----------------------------|-------|---------------|

| | | | | | |
|-----------|--------|------------|----------|----------------|---|
| LAST NAME | ROGERS | FIRST NAME | JONATHAN | MIDDLE INITIAL | J |
|-----------|--------|------------|----------|----------------|---|

| | |
|--------------------|------------------|
| STREET NEW ADDRESS | 2219 106TH ST SW |
|--------------------|------------------|

| | | | | | |
|------|---------|----|----|-----|-------|
| CITY | EVERETT | ST | WA | ZIP | 98204 |
|------|---------|----|----|-----|-------|

| | | | | | |
|-----|--|--------------|--|--------------|--|
| CDL | | RESTRICTIONS | | ENDORSEMENTS | |
|-----|--|--------------|--|--------------|--|

| | | | | | | | | | | | | |
|--------------------|--------------|-------|----|-----|---|--------|----------|----|---|----|---|------|
| DRIVER'S LICENSE # | ROGERJJ287NS | STATE | WA | SEX | M | D.O.B. | MMDDYYYY | 08 | - | 10 | - | 1972 |
|--------------------|--------------|-------|----|-----|---|--------|----------|----|---|----|---|------|

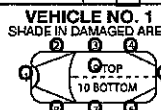
| | | | | | | | | | | | | | | | |
|---------|--------------------------|--------|--|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|---------------------|
| ON DUTY | <input type="checkbox"/> | STATUS | | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 7 | NATURE OF INJURIES | TRANSPORTED BY AID. |
|---------|--------------------------|--------|--|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|---------------------|

| | | | | | |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | ALD2822 | STATE | WA | VIN# | JN8HD16Y6HW020096 |
|-----------------|---------|-------|----|------|-------------------|

| | | | | | | | |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

| | | | | | | | | | | | | | | | |
|-----------|------|------|------|-------|--------|-------|----|---------------|---|-----------------------------|----------|---------------|---------------|------------------------------|--|
| VEH. YEAR | 1987 | MAKE | NISS | MODEL | PATHFI | STYLE | 4T | VEHICLE TOWED | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | TOWED BY | GRANITE FALLS | GOVT. VEHICLE | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|--------|-------|----|---------------|---|-----------------------------|----------|---------------|---------------|------------------------------|--|

| | | | | | | |
|-------------------------------|------------------------------|-----------------------------|------------|--------|--------|------------------|
| REGISTERED OWNER INFO. | | | | | | |
| LIABILITY INSURANCE IN EFFECT | <input type="checkbox"/> | INSURANCE CO & POLICY # | NONE GIVEN | | | |
| VEHICLE LEGALLY STANDING | YES <input type="checkbox"/> | NO <input type="checkbox"/> | CITATION # | C10155 | CHARGE | RECKLESS DRIVING |



| | | | | | | | | | |
|---------|--|--------------------------------------|-------------------------------------|---|----------------------|------------------------------|-----------------------------|-------|--|
| UNIT 02 | MOTOR VEHICLE <input type="checkbox"/> | PEDAL CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET | YES <input type="checkbox"/> | NO <input type="checkbox"/> | PHONE | |
|---------|--|--------------------------------------|-------------------------------------|---|----------------------|------------------------------|-----------------------------|-------|--|

| | | | | | |
|-----------|--|------------|--|----------------|--|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL | |
|-----------|--|------------|--|----------------|--|

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|--------------------|--|
| STREET NEW ADDRESS | |
|--------------------|--|

| | | | | | |
|------|--|----|--|-----|--|
| CITY | | ST | | ZIP | |
|------|--|----|--|-----|--|

| | | | | | |
|-----|--|--------------|--|--------------|--|
| CDL | | RESTRICTIONS | | ENDORSEMENTS | |
|-----|--|--------------|--|--------------|--|

| | | | | | | | | | | | | |
|--------------------|--|-------|--|-----|--|--------|----------|--|---|--|---|--|
| DRIVER'S LICENSE # | | STATE | | SEX | | D.O.B. | MMDDYYYY | | - | | - | |
|--------------------|--|-------|--|-----|--|--------|----------|--|---|--|---|--|

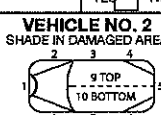
| | | | | | | | | | | | | | | | |
|---------|--------------------------|--------|--|--------|--|--------|--|-------|--|------------|--|--------------|--|--------------------|--|
| ON DUTY | <input type="checkbox"/> | STATUS | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
|---------|--------------------------|--------|--|--------|--|--------|--|-------|--|------------|--|--------------|--|--------------------|--|

| | | | | | |
|-----------------|--|-------|--|------|--|
| LICENSE PLATE # | | STATE | | VIN# | |
|-----------------|--|-------|--|------|--|

| | | | | | | | |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

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|-----------|--|------|--|-------|--|-------|--|---------------|------------------------------|-----------------------------|----------|--|---------------|------------------------------|-----------------------------|
| VEH. YEAR | | MAKE | | MODEL | | STYLE | | VEHICLE TOWED | YES <input type="checkbox"/> | NO <input type="checkbox"/> | TOWED BY | | GOVT. VEHICLE | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|--|------|--|-------|--|-------|--|---------------|------------------------------|-----------------------------|----------|--|---------------|------------------------------|-----------------------------|

| | | | | | | |
|-------------------------------|------------------------------|-----------------------------|------------|--|--------|--|
| REGISTERED OWNER INFO. | | | | | | |
| LIABILITY INSURANCE IN EFFECT | <input type="checkbox"/> | INSURANCE CO & POLICY # | | | | |
| VEHICLE LEGALLY STANDING | YES <input type="checkbox"/> | NO <input type="checkbox"/> | CITATION # | | CHARGE | |



| | | | | | |
|------------------------|-------------|---------------|-----|--------|-----------|
| OFFICER'S NAME (PRINT) | ANDREW THOR | BADGE OR ID # | 115 | AGENCY | WA0311900 |
|------------------------|-------------|---------------|-----|--------|-----------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E297852**

CASE # **14-0040**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--------------------------|--|-------------------------------------|--------|--|--------------|--|--------|--|--------|--|-------|--|---------------|--|-----------------|--|--------------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | SUPRENANT ROYCE R | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | 2302 PINE AVE SNOHOMISH WA 98290 3602177730 | | | | | | | | | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input checked="" type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | BOTENHAMER KIRSTEN | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | 1828 143RD ST NE MARYSVILLE WA 98271 4253271190 | | | | | | | | | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input checked="" type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |

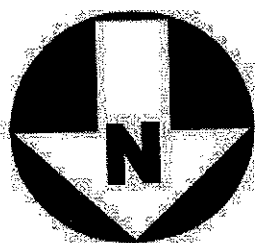
NARRATIVE

Driver of Unit 1 was reported to be driving recklessly, swerving in and out of the lane of travel. U1 left the roadway, entering a grass and dirt shoulder and lost control. The vehicle re-entered the roadway only to return to the shoulder where the vehicle flipped and landed on the driver's side facing the oncoming lane.

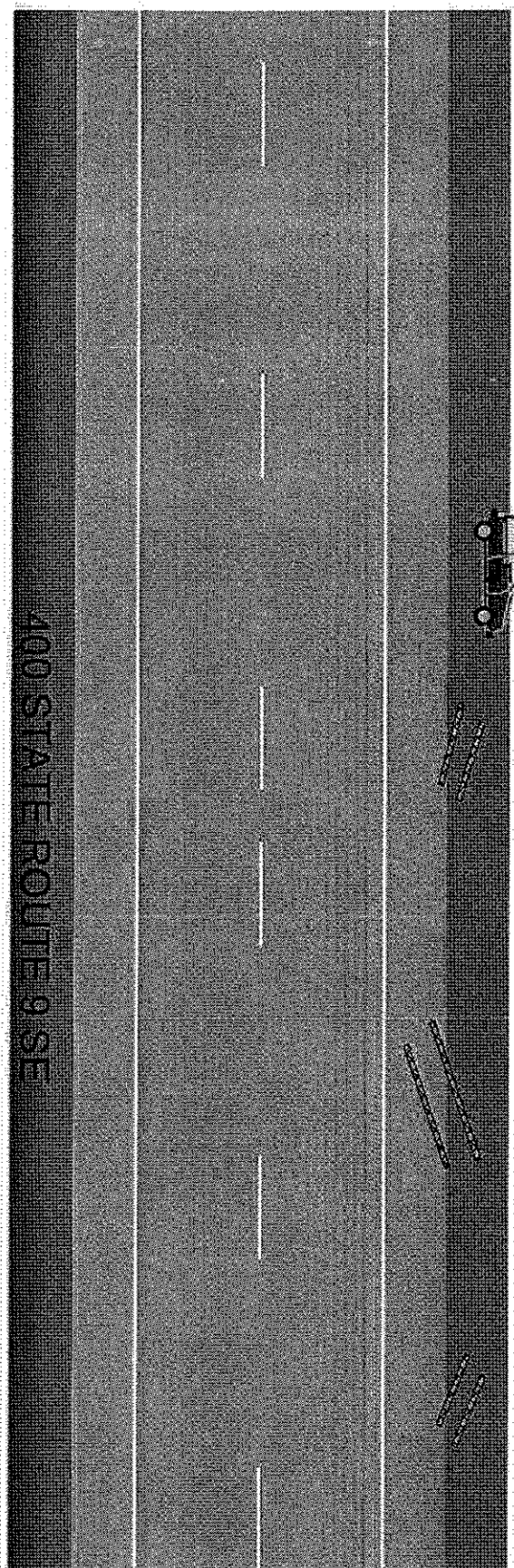
Driver was transported by AID but could not recall the accident or events leading up.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

| | | | | | |
|-----------------------------------|------------|----------------------------|------------------|------------------------|----------------|
| ANDREW THOR | | 01-05-14 03:51 AM | | | |
| INVESTIGATING OFFICER'S SIGNATURE | | UNIT OR DIST. DET | | PLACED SIGNED | |
| APPROVED BY | | DATE | | | |
| ROBERT MINER 095 | | 1/5/2014 3:53:09 AM | | | |
| BADGE OR ID # | 115 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 8:46 PM |
| | | | | TIME POLICE ARRIVED | 8:49 PM |



NOT TO SCALE



CASE NUMBER 14-0040

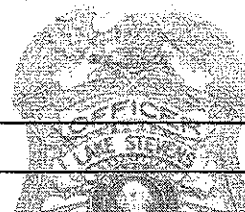
"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-0040



VICTIM / WITNESS

| | | | | | | | | | | | |
|--|---|----------------------------|-----|----------|---------------------------------|-----------|--------------|-----|------------|------|--|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Bodemann Kirsten | RACE W | ETH | SEX F | DOB 2/22/90 | AGE 23 | HGT | WGT | HAIR | EYES | |
| STREET ADDRESS 1828 143 rd St NW | | CITY Marysville | | | STATE WA | | ZIP 98271 | | RES STATUS | | |
| HOME PHONE Marysville | | CELL PHONE 425 327 1190 | | | PLACE OF EMPLOYMENT Buzz Inn | | | | | | |
| WORK PHONE | | EMAIL ADDRESS | | | | | | | | | |

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

About 1:30 am 9 pm I was heading South on Hwy 1, I had just gone through the light past Albertsons when I saw a car behind me come up quickly. At first I thought it was maybe a motorcycle trying to pass me on the right on the shoulder or something as I believe he had a light out. The car then went way to the right off the road, back on, then back into the ditch where it flipped at least once.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|--------------------------------------|-----------------------|---------------------------------|
| SIGNATURE <i>Kirsten Bodemann</i> | DATE SIGNED 1/4/14 | LOCATION SIGNED Lake Stevens |
| OFFICER/NUMBER: A. Thon #115 | DATE SIGNED 1/4/14 | LOCATION SIGNED |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

Incident History for: #SS14000322 Xref: #SS14000323

Entered 01/04/14 20:30:27 BY SPCT04 SP0374

Dispatched 01/04/14 20:30:44 BY SPDP17 SP0380

Enroute 01/04/14 20:30:44

Onscene 01/04/14 20:31:41

Closed 01/04/14 20:37:54

Initial Type: TRF Initial Alarm Level: Final Alarm Level:

Final Type: TRF (TRAFFIC PROBLEM) Pri: 3 Dispo: G

Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT

Src: T

Loc: MARKET PL/SR 9 NE ,LKS (V)

Loc Info: SB SR 9

Name: SMITH, BUZ

Addr:

Phone: 3606010461

/2030 (SP0374) ENTRY , AC, NOW, SEVERE LANE TRAVEL ONTO SHOULDER AND R
UNNING RED LIGHTS NISSAN PATHFINDER L/ALD2822
/2030 (SP0380) DISPER SS1939 #SS115 THOR, OFFICER (ANDREW)
/2030 ASSTER SS1913 #SS95 MINER, SGT (ROBERT)
/2031 CLEAR SS1939
/2031 ONSCNE SS1913
/2031 (SS95) REMINQ SS1913 MDTVEH, ALD2822, , WA, , , , , , , , ,
/2037 (SP0380) CLEAR SS1913 D/G
/2037 CLOSE SS1913
/2058 CROSS #SS14000323

Incident History for: #SS14000323 Xref: #SS14000322 #AG14000043

Case Numbers: \$SS14000040

Entered 01/04/14 20:46:50 BY SPDF24 SP0338

Dispatched 01/04/14 20:47:14 BY SPDP17 SP0380

Enroute 01/04/14 20:47:14

Onscene 01/04/14 20:49:10

Closed 01/04/14 22:12:08

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY). Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT

Src: T

Loc: MARKET PL/SR 9 NE ,LKS (V)

Loc Info: SO LOC

Name: WHITNEY

Addr:

Phone: 4252806033

/2046 (SP0338) ENTRY ,ROLLOVER

/2047 CROSS #AG14000043

/2047 (SP0380) DISPER SS1939 #SS115 THOR,OFFICER (ANDREW)

/2047 (SP0338) SUPP TXT: BAL T/MVCE, UNABLE TO GET OUT OF VEH

/2047 (SP0380) ASSTER SS1930 #SS72 AUKERMAN,OFFICER (WAYNE)

/2047 ASSTER SS1913 #SS95 MINER,SGT (ROBERT)

/2047 (SP0286) SUPP NAM: WHITNEY,

PHO: 4252806033,

TXT: 1 VEH, MALE IS CONS,

/2048 (SP0338) SUPP TXT: SMALL NISS TK OFF W SIDE RDWY , 1 PT IN VEH

, SINGLE CAR INVOLVED, SEV C ARS PULLED OVER

/2048 SUPP NAM: ALEXANDER MICHAEL,

PHO: 4253302142

/2048 SUPP TXT: BYSTANDERS PULLED PT OUT OF VEH

/2049 (SP0380) ONSCNE SS1939

/2049 ONSCNE SS1913

/2049 NEWLOC SS1939 [SO MARKET 400 BLK]

/2049 ONSCNE SS1930

/2049 NEWLOC SS1939 [S/O MARKET 400 BLK]

/2050 MISC SS1939 ,DRIVER OUT ADL2822

/2050 (*****) REMINQ SS1939 ADL2822

/2050 (SP0380) REMINQ SS1939 LIC,SS1939,ADL2822,,,

/2052 SUPP TXT: PER PD OS - PT IS CABN

/2054 MISC SS1930 ,STATE OR N HIT TRESTLE, PLATE

/2055 MISC SS1930 ,WSP HAD ONE, CLEAR NOW - ALE2822 NOT A GOOD PLA

TE - GRY SUV

/2056 MISC SS1913 ,, WSP TROOPER WILL COME OVER

/2058 CROSS #SS14000322

/2059 (*****) REMINQ SS1913 ALD2822

/2059 (SP0380) REMINQ SS1913 LIC,SS1913,ALD2822,,,

/2104 (SS95) REMINQ SS1913 MDTVEH,ALD2822,,WA,,,

/2108 (*****) REMINQ SS1939 ROGERS.JONATHAN.J.08101932..

/2108 (SP0176) REMINQ SS1939 NAME,1939,ROGERS,JONATHAN,J,08101932,,

/2112 MISC SS1913 ,TOW

/2113 ASNCAS SS1913 \$SS14000040

/2113 ROTREQ SS1913 TOW 5024 LKS ANGEL TRANSPORT & TOWING
3605680918

/2117 ROTREQ SS1913 TOW 5264 LKS GRANITE FALLS TOWING
3606917666 ,ANGEL TRANSPORT UNAVAILABLE

/2117 (SS115) REMINQ SS1939 MDTWANT,ROGERS,JONATHAN,J,081072,,WA,,,

/2121 (SS95) REMINQ SS1913 MDTWANT,ROGERS,JONATHAN,J,081072,,WA,,,

/2122 REMINQ SS1913 MDTVEH,ALD2822,,WA,,,,,,,,,
/2126 (SP0176) CLEAR SS1930
/2147 (SP0356) MISC SS1939 ,TOW OS
/2208 (SS95) CLEAR SS1913
/2212 (SP0356) CLEAR SS1939 D/H
/2212 CLOSE SS1939